

Receipt

PATENT
03456-P0001B LHR

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1/16/02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants	Joan Phillips Waldron, <i>et al.</i>
Serial No. 09/821,097	Filing Date: March 29, 2001
Title of Application:	Method And Apparatus For A Hearing Aid Coupling System
Confirmation No. 2224	Group Art Unit: 2642

Application Processing Division's
Customer Correction Branch
Assistant Commissioner for Patents
Washington, DC 20231

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Request For Corrected Filing Receipt

Please correct the official Filing Receipt (copy enclosed) received from the United States Patent and Trademark Office for the above-identified application.


There is an error with respect to the following data, which is:

Domestic Priority data as claimed by applicant

This applicants benefit of 60/195,240 04/05/2000 (not 04/07/00)

Mailing Certificate: I hereby certify that this correspondence is today being deposited with the U.S. Postal Service as *First Class Mail* in an envelope addressed to: Commissioner for Patents and Trademarks; Washington, DC 20231 Application Processing Division's Customer Correction Branch.

October 8, 2002


Caroline Gahagan

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Page two
Serial No. 09/821,097

The correction(s) is/are not due to any error by applicants and no fee is due.

If there is any fee deficiency, please charge Account No 19-4516.

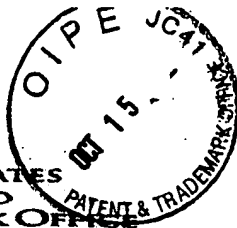
Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Richard J. Basile", is written over a horizontal line.

Louis H. Reens, Registration No. 22,588
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UNITED STATES
PATENT AND
TRADEMARK OFFICE



Commissioner for Patents
Washington, DC 20231
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/821,097	03/29/2001	2642	487	03456-P0001 AB	8	23	4

24126
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STAMFORD, CT 06905-5619

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CONFIRMATION NO. 2224
REPLACEMENT FILING
RECEIPT
OC000000008893454
OC000000008893454

Date Mailed: 10/03/2002

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Joan Phillips Waldron, Fort Collins, CO;
Grace M. Scire', Danbury, CT;
Jacob Segovia, Divide, CO;

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Domestic Priority data as claimed by applicant

This appln claims benefit of 60/195,240 04/07/2000 *
(*)Data provided by applicant is not consistent with PTO records.

Foreign Applications

If Required, Foreign Filing License Granted 05/04/2001

Projected Publication Date: Not Applicable

Non-Publication Request: No

Early Publication Request: No

**** SMALL ENTITY ****

Title

Method and apparatus for a hearing aid coupling system

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Preliminary Class

379

LICENSE FOR FOREIGN FILING UNDER
Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15

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APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
09/821,097	03/29/2001	Joan Phillips Waldron	03456-P0001B

CONFIRMATION NO. 2224

24126
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STAMFORD, CT 06905-5619

OC000000009009347

Date Mailed: 10/25/2002

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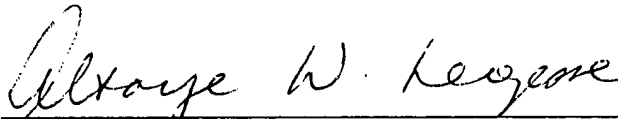
OCT 31 2002

RESPONSE TO REQUEST FOR CORRECTED FILING RECEIPT**OFFICE OF PETITION:****Claims, Fees, and Inventors**

In response to your request for a corrected Filing Receipt, the Office is unable to comply with the request because:

- ☐ The total number of claims appearing on the Filing Receipt does not include multiple dependent claims. The total fee appearing on the Filing Receipt includes the cost of multiple dependent claims that were present at the time the application was filed.
- ☐ The filing fee is correct. It may include additional claims fees and/or the surcharge under 37 CFR 1.16(e) for filing an oath/declaration or basic filing fee after the application filing date; or it may not reflect fees refunded to the applicant that were paid by mistake.
- ☐ The number of claims reflected on the filing receipt is correct. Upon review of the claims, it was found that there was a miscalculation by the applicant. This may be due to improperly presented multiple dependent claims, typographical error, misnumbering of the claims, or other oversight. An amendment may be necessary to correct the problem.
- ☐ The filing fee reflected on the filing receipt is correct. Applicant may have miscalculated the fees due.
- ☐ Applicant calculated fees as other than small entity; however, applicant asserted small entity status in the application. Therefore, fees were applied as small entity and the remainder was refunded to the applicant.
- ☐ The difference between the fees paid and the fees due was refunded to the applicant and will not be shown on the filing receipt.
- ☐ The inventor information may be truncated if the family name consists of more than 50 characters (letters and spaces combined) and if the given name consists of more than 50 characters (letters and spaces combined).

- ☐ The inventor's residence allows for up to 40 characters (letters and spaces combined).
- ☐ The inventor's residence will only include the city and state for U.S. residences or city and country for residences outside the U.S. (See MPEP 605.02).
- ☐ A petition to correct the inventorship is needed to make this change. See 37 CFR 1.48. For non-provisional applications, the petition should be directed to the Director of the examining group assigned to your application.
- ☐ Changes made after submission of an executed declaration to the inventor information other than correction of typographical errors must be submitted in the form of a substitute declaration. Change of inventorship requires a petition under 37 CFR 1.48.
- ☐ The number of drawings shown on the filing receipt reflects the number of drawing sheets submitted and is not necessarily equal to the number of figures submitted.
- ☐ The correspondence address was captured as directed by applicant on filing. If you wish correspondence to be directed otherwise, please submit a request for a change of address.
- ☐ The docket number allows a maximum of 25 characters.
- ☐ The person signing on behalf of the deceased inventor is reflected on the Filing Receipt as the legal representative.
- ☒ **The filing date of a parent application cannot be changed by this request. A petition to correct the filing date in the parent application is required. 60/195,240, 04/07/00**



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CONFIRMATION NO. 2224

Bib Data Sheet

SERIAL NUMBER 09/821,097	FILING DATE 03/29/2001 RULE	CLASS 379	GROUP ART UNIT 2642	ATTORNEY DOCKET NO. 03456-P0001B
APPLICANTS Joan Phillips Waldron, Fort Collins, CO; Grace M. Scire', Danbury, CT; Jacob Segovia, Divide, CO;				
** CONTINUING DATA ***** This appln claims benefit of 60/195,240 04/07/2000 * (*)Data provided by applicant is not consistent with PTO records.				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 05/04/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY CO	SHEETS DRAWING 8	TOTAL CLAIMS 23
INDEPENDENT CLAIMS 4				
ADDRESS 24126				
TITLE Method and apparatus for a hearing aid coupling system				
FILING FEE RECEIVED 487	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	